
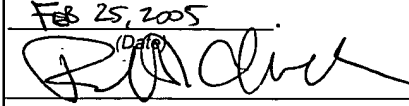


3737

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Large Entity)					Docket No. NIDN-10427	
In Re Application Of: Karen Briley-Saeby, et.al.						
Application No. 10/018,018	Filing Date 04/22/2002	Examiner Ruth S. Smith	Customer No. 36335	Group Art Unit 3737	Confirmation No. 3572	
Invention: Method of Magnetic Resonance Imaging						
<u>COMMISSIONER FOR PATENTS:</u>						
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>August 25, 2004</u> above-identified application. <div style="text-align: center; font-size: small;">Date</div>						
The requested extension is as follows (check time period desired): <div style="display: flex; justify-content: space-around; margin-top: 5px;"><input type="checkbox"/> One month<input type="checkbox"/> Two months<input checked="" type="checkbox"/> Three months<input type="checkbox"/> Four months<input type="checkbox"/> Five months</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>from: <u>November 25, 2004</u> <div style="text-align: center; font-size: x-small;">Date</div></div><div>until: <u>February 25, 2005</u> <div style="text-align: center; font-size: x-small;">Date</div></div></div>						
The fee for the extension of time is \$1,020 and is to be paid as follows: <div style="margin-top: 5px;"><input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 502-665 <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 502-665 <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</div> <div style="margin-top: 5px;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</div>						
 <div style="text-align: center; font-size: x-small;">Signature</div>			Dated: <u>FEB 25, 2005</u>			
Robert F. Chisholm Reg. No. 39,939 Amersham Health, Inc. 101 Carnegie Center Princeton, NJ 08540 (609) 514-6905			<div style="font-size: x-small;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</div> <div style="text-align: center; margin-top: 5px;"><u>FEB 25, 2005</u> <div style="text-align: center; font-size: x-small;">(Date)</div></div> <div style="text-align: center; margin-top: 5px;"> <div style="text-align: center; font-size: x-small;">Signature of Person Mailing Correspondence</div></div> <div style="text-align: center; margin-top: 5px;"><u>ROBERT F CHISHOLM</u> <div style="text-align: center; font-size: x-small;">Typed or Printed Name of Person Mailing Correspondence</div></div>			

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